

SWIMMING LESSONS PERMISSION SLIP SUMMER 2016



Child's Name:	Age:		
Phone Number:	(Please Provide in Case of Cancellation)		
Address:	_City	State	Zip
E-Mail Address:			
Has your child had prior swim lessons? Yes	No		
If yes, at what level?			
Did your child participate in lessons last year at Hop	pewell Pool?	Yes N	lo
I hereby represent that I am, in fact, the parent or guard such capacity. I hereby consent to my child/ren or war individually and on behalf of the child or ward, to the t forth below. I further agree to save and hold harmless below from all liability, loss, cost, claim, or damage wheelalf of the minor and the parents or legal guardian.	rd's participat terms of the a and indemnif	tion in the active ccident waiver by each and all	vity or event, and agree and release of liability se of the parties referred to
I, on behalf of myself, my child/ren or war, our heirs, e DISCHARGE the City of Taunton, its officials, employ organizations, from any and all liability, including but fault of the entities or persons released and with respect personal injury or death, arising out of the participation	yees, voluntee not limited to at to all claims	ers, cooperatin , liability arisi s and causes of	g agencies and sponsoring ng from the negligence or faction, including for
The waiver and release of liability shall be construed be extent permissible under law.	roadly to pro	vide a waiver t	to release to the maximum
The fee for swimming lessons is a Please make the check/money or			
This fee is non-refunda	ble after Ju	ne 10, 2016	
Signed:			
*************	•	o to Participan	
Wed. & Fri.		Mon. & We	ed.
9:45 AM (Summer Festival Participants Only)	5:30	PM
10·30 AM 11·15 AM			

Paid _____ CK# & Name____